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CONFIRMATION NO. 4918

Bib Data Sheet

SERIAL NUMBER 10/777,328	FILING OR 371(c) DATE 02/12/2004 RULE	CLASS 501	GROUP ART UNIT 1755	ATTORNEY DOCKET NO. 5014
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** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 22 INDEPENDENT CLAIMS 4
ADDRESS BASF CORPORATION 100 CAMPUS DRIVE FLORHAM PARK, NJ07932				
TITLE PROCESS AND PRODUCTS OF CHINESE KAOLIN				
FILING FEE RECEIVED 1392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	